

999000221

Phone: (213) 321-1392

Pick Up: _____ Time: _____
(RATE) _____

State Liquid Waste Hauler's Registration No. (if applicable)

Job No. _____ No. of Loads or Trips: _____ Unit No. _____

Vehicle: ☒ vacuum truck _____ barrels, ☐ flatbed, ☐ other _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury
that the foregoing is true and correct

SIGNATURE OF AUTHORIZED AGENT AND TITLE

Name (print or type):

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ CODE NO. _____
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well☐ other (specify):

If waste is held for disposal elsewhere specify final location

Disposal Date: 5/2/77

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.**

D.O.T. Proper Shipping Name

DISPOSAL — STATE COPY

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE